Postnatal Depression: Prevalence, Peer Social Support and Policy (Ireland and International Literature Review)

Teresa Cronin

CARL Research Project

Name of student(s):	Teresa Cronin
Name of civil society organization/community group:	PND Ireland
Supervisor(s):	Dr. Kenneth Burns
Name and year of course:	Masters of Social Work Year 2
Date completed:	18/04/12

What is Community-Academic Research Links?

Community Academic Research Links (CARL) is a service provided by research institutes for the Civil Society Organisations (CSOs) in their region which can be grass roots groups, single issue temporary groups, but also well structured organisations. Research for the CSOs is carried out free of financial cost as much as possible.

CARL seek to:

- provide civil society with knowledge and skills through research and education;
- provide their services on an affordable basis;
- promote and support public access to and influence on science and technology;
- create equitable and supportive partnerships with civil society organisations;
- enhance understanding among policymakers and education and research institutions of the research and education needs of civil society, and
- enhance the transferrable skills and knowledge of students, community representatives and researchers (www.livingknowledge.org).

What is a CSO?

We define CSOs as groups who are non-governmental, non-profit, not representing commercial interests, and/or pursuing a common purpose in the public interest. These groups include: trade unions, NGOs, professional associations, charities, grass-roots organisations, organisations that involve citizens in local and municipal life, churches and religious committees, and so on.

Why is this report on the web?

The research agreement between the CSO, student and CARL/University states that the results of the study must be made public. We are committed to the public and free dissemination of research results.

How do I reference this report?

Author (year) Project Title, [online], School of Applied Social Studies, Community-Academic Research Links/University College Cork, Available from: http://www.ucc.ie/en/scishop/completed/ [Accessed on: date].

How can I find out more about the Community-Academic Research Links and the Living Knowledge Network?

The UCC CARL website has further information on the background and operation of the Community-Academic Research Links at University College Cork, Ireland. http://carl.ucc.ie

CARL is part of an international network of Science Shops. You can read more about this vibrant community and its activities on this website: http://www.scienceshops.org

Disclaimer

Notwithstanding the contributions by the University and its staff, the University gives no warranty as to the accuracy of the project report or the suitability of any material contained in it for either general or specific purposes. It will be for the Client Group, or users, to ensure that any outcome from the project meets safety and other requirements. The Client Group agrees not to hold the University responsible in respect of any use of the project results. Notwithstanding this disclaimer, it is a matter of record that many student projects have been completed to a very high standard and to the satisfaction of the Client Group.

Executive Summary

Background to the Study

This research will be conducted as part of the Masters of Social Work (MSW) degree in conjunction with the Science-Shop Project.The author applied to carry out a science shop project because of her interest in providing a CSO with useful information, specifically PND Ireland. Broad topics were outlined by PND Ireland and the research topic Postnatal Depression: Prevalence, Peer Social Support and Policy (Ireland and International Literature Review) was later created.

Objectives

This piece of research was designed to gather a greater understanding on Postnatal Depression (PND) from an extensive literature review. This research aimed to establish a comprehensive understanding of the prevalence of PND in Ireland and Internationally. A further objective was to investigate women with PND experiences of social support and if these support meet their needs. This research also aimed to determine the policy support available to women suffering from PND in Ireland and to outline the policy support available in a neighboring country, Scotland. The author's objective was is to provide PND Ireland with valuable information for its future development following an analysis of the information gathered.

Methodology

This research was conducted using secondary research in the form of a literature review, while also engaging with PND Ireland throughout the research in the form of participatory action research. An interpretative framework was used for this research. An interpretivist framework allowed the author to understand from the literature how women experience PND within the context of prevalence rates, social support and policy. The author engaged in a wide-ranging search strategy to achieve the research objectives.

Results

The results from this study indicate that the prevalence of women in Ireland and internationally that suffer from PND stands at 19.7% and 17.3% respectively. The most recently published studies places the prevalence of PND between 11.5%-20.7% in Ireland. International researches have reported similar finding with the median prevalence rate of PND found in the 27 studies found to be 14.6%. This research has found that women have had a positive experience of peer social support and professional support. Studies have illustrated that extra social support in comparison to the regular primary care provision reduces depressive symptoms in women with PND. These forms of peer support include support groups, online discussion forums and peer telephone support, with professional support including counseling services and support from nursing staff. This study also found that The Mental Health Act 2001 and Vision for Change 2006 offer little support to women with PND with focus being placed on the more sphere form of PND, puerperal psychosis. Legislation and policy in Scotland outlines the specific care needs for women with PND in comparison to other conditions. Ireland along with other European countries offers little policy and legislative support for women with PND.

Recommendations and Implications of the Study's Findings

- It is recommended that PND Ireland use the telephone support training manual entitled 'Peer Volunteer Training Manual- Mothers Helping Mothers With Postpartum Depression' (Dennis, 2010) which focused on developing the skills required to provide effective telephone-based peer support

- It is recommended that PND Ireland advocate for the provision of public health nurses in the local vicinity with the Edinburgh Postnatal Depressive Scale (EPDS) and Goldberg's 12-item General Health Questionnaire (GHQ). Following detection the public health nurses could provide women with the service details of PND Ireland
- This research suggests distinctive qualities of a PND support group. It is recommended that PND Ireland ensure that these characteristics are incorporated into the support group.
- It is a recommendation that PND Ireland continue to advocate for additional funding to provide a national service to women suffering from PND. Ireland has undoubtedly a high prevalence rate, estimated between 11.5-20.7% of postnatal women. Research has found that social supports can relieve depressive symptoms and these support need to be provided on a national basis to protect the mental health of postnatal women
- It is recommended that PND Ireland provide a one to one counseling service in the form of Cogitative Behavioral Therapy or Psychodynamic Therapy for women with PND. The author is aware that the charity has limited funding and suggests that the charity links with low cost counseling services external to the organisation
- It is recommended that PND Ireland contact the author of the Guidelines for the Management of Depression and Anxiety disorders in Primary Care and The Irish Nurses and Midwife Organisation in order to provide information on the service to healthcare workers working with women
- It is recommended that PND Ireland advocate to the Irish government to follow through on recommendations 15.5.4 in the Vision for Change policy document outlining the need for one additional adult psychiatrist and a senior nurse with perinatal expertise to be appointed in the 10 remaining Health Service Executive catchment areas.

Author's Conclusions

This piece of research has achieved its aims as it has gathered a greater understanding on Postnatal Depression from an extensive literature review. It has illustrated the widespread prevalence of PND in Ireland and Internationally, highlighted women's experiences of social support and determined the policy support available to women suffering from PND in Ireland. The author's objective to provide PND Ireland with valuable information has been completed to the best of the author's abilities.

TABLE OF CONTENTS *(TOC may not match pdf page nos)*

Acknowledgements

This dissertation could not have been written without the help of many people.

I would first like to thank my MSW tutor Dr. Kenneth Burns for all his on-going advice and guidance and for encouraging and challenging me over the last two years.

I am grateful also to the Science Shop committee for providing me with the opportunity to research postnatal depression.

I would like to extend my deepest gratitude to Madge Fogharty of PND Ireland for all her help and support over the past few months, for meeting with me on many occasions and for answering my many emails and phone calls.

I would like to thank Lisa Coyle for her help and advice over the past 5 years and Tobias Brady for taking the time to proof read this dissertation. I will be forever grateful.

A special mention for my family and all my friends from both at home and the course, if it were not for your support, words of encouragement and patience I would not have made it this far, so I sincerely thank you.

Lastly, this dissertation is dedicated to my parents, without whom none of this would have been possible.

Abstract

This study aims to explore Irish and International literature on postnatal depression. The research takes the form of a literature review, combing both qualitative and quantitative date to achieve the studies objective. The research was primarily concerned with the prevalence, peer social support and policy regarding postnatal depression. The findings of this study shows a widespread prevalence rate of postnatal depression with peer social support and professional support been found to reduce depressive symptoms. The study outlines weaknesses in policy and legislation in Ireland for women with postnatal depression and concludes with recommendations to PND Ireland for future service provision.

Abbreviations

MSW: Masters of Social Work

PND: Postnatal Depression

CSO: Civil Society Organisations

CUH: Cork University Hospital

HSE: Health Service Executive

WHO: World Health Organisation

GSPI: Goldberg's Standardised Psychiatric Interview

BDI: Beck Depression Inventory

CES-D: Center for Epidemiological Studies Depression scale

EPDS: Edinburgh Postnatal Depression Scale

RDC: Research Diagnostic Criteria,

DSM: Diagnostic and Statistical Manual III, III-R

ZDI: Zung Depression Inventory

PC: Pitt criteria

BDI-II-The Beck Depression Inventory-II ,

PDSS- Postpartum Depression Screening Scale

DALY: Disability Adjusted Life Years

GHQ: General Health Questionnaire

SCAN: Schedule for Clinical Assessment in Neuropsychiatry

PHN: Public Health Nurse

CBT: Cognitive Behavioural Therapy

NICE: National Institute for Clinical Excellence

GP: General Practitioner

Chapter 1: Introduction

1.1 Introduction to the Chapter

This chapter will introduce this research topic by providing background information on the organisation PND Ireland. It will explore the rationale behind the conduction of this research as part of a Science Shop Project. This chapter will continue by outlining the aims and research questions of the study and what the research aims to achieve. Lastly, this chapter will conclude with a chapter summary, briefly outlining succeeding chapters.

1.2 Introduction to the Organisation

PND Ireland was founded in 1992 by Madge Fogarty following her personal experience of the condition. This voluntary organisation has faced major challenges over the past 20 years including funding, office space and volunteers. The support group continues to operate monthly in Cork, providing the only known support group in Ireland for mothers suffering from postnatal depression (PND). They also provide support via telephone line, e-mail support, website, online discussion forum and a drop in service by appointment. This organisation attends antenatal classes in Cork University Hospital (CUH), providing information to expecting parents. PND Ireland is partly funded by the Health Service Executive (HSE) and welcomes charitable donations. The current goal of the organisation is to establish support groups in other areas of Ireland and to draw awareness to senior figures in the HSE about the importance of support for mothers suffering from PND. PND Ireland was the only organisation in Ireland providing support to women suffering from PND. In 2011 Nurture Post Natal Depression Support Service was established. It currently links women with PND to low cost counseling in Dublin. This service is hoping to provide a wider range of services in the future.

1.3 Research Rational

This research will be conducted as part of the Masters of Social Work (MSW) in conjunction with the Science Shop Project .Science Shops are a service provided by research institutes to Civil Society Organisations (CSOs). The Science Shop Committee in University College Cork (UCC) obtained research projects from various CSOs, and offered these projects to the MSW students. The committee then allocated the projects based on student applications. The CSO in this instance is PND Ireland.

Broad topics were outlined by PND Ireland and the research topic Postnatal Depression: Prevalence, Peer Social Support and Policy (Ireland and International Literature Review) were later created.

The author decided to get involved with the Science Shop Project because of her interest in providing a CSO with useful information.The author also has a particular interest in the area of PND and how supports are provided for people dealing with PND. The author has no personal experience or previous experience with mothers dealing with PND. The researcher felt this study would be of relevance to social work practice as PND has detrimental consequences for suffering mothers which could present in any aspect of social work. Following completion of this research a copy will be provided to PND Ireland, along with a powerpoint presentation to the PND Ireland committee. As well as PND Ireland and women who use the service, the author believes that this piece of research should be of interest to the general public, policy makers and academics.

1.4 Research Aims

The objective of this research is to gather a greater understanding on PND from an extensive literature review. This research aims to establish a comprehensive understanding of the prevalence of PND in Ireland and internationally. A further aim is to investigate women with PND experiences of social support and if the support meets their needs. This research also aims to determine the policy support available to women suffering from PND and to outline the policy support available in a neighboring country, Scotland. The author's aim is to provide PND Ireland with valuable information for its future development following an analysis of the information gathered.

1.5 Research Questions

The research questions in this study were created as a guiding tool throughout the research. These research questions were discussed with PND Ireland and the authors tutor to ensure the suitability of the questions for the organisation. From these consultations the author created the research questions, which were:

1. What is the Prevalence of Postnatal Depression in Ireland and Internationally?
2. What do Women with PND say about Peer Social Support?
3. What Policy Support is Available for Women with PND in Ireland?

1.6 Chapter Summary

- Chapter 2 Methodology

This chapter contains the particular methods and methodological approach undertaken by the researcher. Ethical considerations, search strategy and limitations to the study are also explored. This chapter also justifies the particular methods of inquiry chosen for carrying out the research.

- Chapter 3 Prevalence of Postnatal Depression

This chapter analysis the prevalence rates of PND found in both Irish and international studies. The chapter will review these prevalence figures and from this, formulate the average percentage of women suffering from PND.

- Chapter 4 Peer Social Supports

This chapter considers five areas of peer social support and professional support available to women with PND, external to the family unit. This chapter will analysis women's experience of these forms of social support and illustrate the key components needed for the success of these forms of social support.

- Chapter 5 Policy

The chapter will discuss legislation and policy in Ireland and Scotland to determine the support available to women on a statutory footing.

- Chapter 6 Conclusion, Recommendations and Personal Reflection

This chapter will give a brief summary of the findings and will consider the implications of this study for PND Ireland. Recommendations and links to social work practice are offered and the chapter concludes with a personal reflective piece.

1.7 Conclusion

This chapter has outlined the research topic and has explained the rationale for conducting the research. It provided the background to the organisation while also outlining the aims and research questions. This research aims to understand women's experiences of PND from an extensive literature review. Clearly defined research aims and research questions are central to the successful completion of this small scale research. Conducting this research in collaboration with a CSO requires the author to negotiate with PND Ireland to ensure that both the authors and the organisation goals were achieved.

Chapter 2: Methodology

2.1 Introduction

This chapter illustrates the methodology that will be used in this research, explaining how the data will be collected and analysed. The methods utilised in this research – namely secondary research in the form of a literature review will be examined outlining the rationale behind this method of research. The interpretivism framework that underpins this research will be discussed in terms of how this guided the research. Consideration will be given towards ethical issues, limitations, and search strategy as well as inclusion and exclusion criteria.

2.2 Secondary Research

The selection of methodology for a research project must be appropriate to the research and involve deep consideration (Sarantakos, 1993). The research method that shall be utilised during this study is secondary research. Secondary research is the use of primary data which has been analysed and made available for further use (Stewart and Kamins, 1993; Carey, 2009). The author and PND Ireland have decided to conduct the research based entirely on literature review in order to successfully achieve the research aims. This will provide the researcher with the necessary information needed to answer the research questions of the study. The research will draw on both qualitative and quantitative primary research data to fulfill research goals.

2.3 Literature Review

The presentation of this research will take the form of a literature review. Fink (2010) illustrates that a research literature review is a systematic, explicit and reproducible method for identifying and evaluating the existing body of work produced by researchers, scholars and practitioners. A literature review methodology is particularly suitable for this study. There is a large quantity of literature available in relation to PND, which the author aims to assemble to successful answer the research questions. Bryman *et al.,* (2009) illustrates that a literature review should not solely focus on reproducing the theories and opinions of other scholars, but should interpret what the researcher has written and found. The author aims to analysis the literature on PND to successfully answer the research questions and create recommendations for PND Ireland.

2.4 Theoretical Perspective

An interpretative framework was used for this research. Interpretivism, an epistemological school of theory, is concerned with locating individuals within social structures. According to Sarantokos

(1998), interpretivism is the empathetic understanding of human behaviour. Carey (2009) outlines that it seeks to make sense of the opinions, emotional responses and attitudes expressed and to connect these to behaviours and actions. An interpretative framework allowed the author to understand from the literature how women experience PND within the context of prevalence rates, social support and policy. Outhwaite (2005:118) fittingly describes interpretivism as 'seeking to understand from the inside out'. Therefore interpretivism places the perspectives of the mother at the core of the research process, in line with participatory research principles. Throughout this research the goal was to gain a greater understanding on PND, in order to provide useful recommendations to PND Ireland. Hughes and Hayhoe (2008:8) state that a more open ended strategy can be used with this approach allowing for the possibility of 'unexpected knowledge'.

2.5 Search Strategy

The author plans on using six methods of ascertaining the most accurate response to the research questions posed.

1. The author plans on using electronic databases EBSCO, SAGE, J-STOR, Science Direct, SICE, The Campbell Collaboration and The Cochrane Library. These will be used as the main search engines. A search for the terms 'postnatal depression'/'postpartum depression' and 'social support', 'postnatal depression'/'postpartum depression' and 'prevalence' and 'postnatal depression'/'postpartum depression' and 'policy' will be explored. Each abstract will be read and articles will be chosen based on their relevance.
2. A UCC library search using the keyword 'postnatal depression/postpartum depression' will be investigated. The author will then filter manually the relevance according to the research topic and questions.
3. A search of the internet will be completed using the Google search engine.
4. The author will also examine newspaper articles on the subject.
5. The author will explore policy and legislation in Ireland and in Scotland.
6. Articles and books will be sourced from their bibliographies of the above literature findings.

This research will also draw on expert guidance from the PND Ireland chairperson Madge Fogharty who has been involved with supporting people with PND for 20 years.

2.6 Inclusion and Exclusion Criteria

Various topic connected to PND were excluded from this research including anti-depressants, the preventative resource of estrogen and progesterone, the impact of PND on the child, anti-natal screening for PND, PND and domestic violence, the effect of exercise in preventing PND, the effect

of exercise on PND, men's experiences and suicide and PND. Excluded from chapter 4 is other supports provided to women suffering from PND such as support from a partner/family member or friends. Furthermore, women's experiences of PND preventive support measures pre-birth was also excluded such as pre-birth screening for PND.

2.7 Participatory Action Research

As previously noted this research will be conducted in partnership with PND Ireland and its chairperson, Madge Fogarty. This form of research can be described as participatory action research. According to Wadsworth (1998) participatory action research involves the researcher and the participant working together to examine a problematic situation or action to change it for the better. Kindon *et al*., (2007) highlight that by using this form of research, the research can address real life problems and more accurately benefit the community involved. Kindon *et al.,* (2007) highlight that a key aspect of participatory action research is allowing participants to contribute to the research process. In this research the participant was the chairperson of the PND Ireland, Madge Fogharty who was available to guide and recommend changes throughout the research process. Reason (1998: 71) notes that with participatory action research it is important to produce knowledge and action directly useful to those the group aims to support. This research will collect analysis and compare literature on PND in Ireland and internationally in order to provide PND Ireland a greater understanding of the prevalence, peer social support and policy.

2.8 Limitations

The author recognises that there are limitations accompanying this research. Firstly, the author is conducting the research in a limited timeframe and word count meaning that it will not be possible to review all literature relating to the topic. Secondly, the decision to collect solely secondary data, although necessary, placed restrictions on the possible research findings. In relation to the second research question on women's experiences of social supports, interviews with women would have gained a wider outlook on their opinions and views on supports. Finally, it was possible that the author could be overwhelmed by the abundance of literature.

2.9 Ethical Considerations

Although, the author was not directly in contact with women suffering from PND, it was important that the author was mindful and respectful that much of content discussed in this research is

experienced by women. It must also be noted that although the author takes a critical position at certain points in the research, this was aimed to create constructive recommendations.

2.10 Conclusion

This chapter outlined the research methodology used to achieve the aims and answer the research questions. This research framework encompasses secondary research in the form of a literature review while engaging with PND Ireland throughout the research. Both the benefits and shortcomings of this methodology were explored. Furthermore, this chapter outlined the search strategy and limitations of the study, while taking into account inclusion and exclusion criteria. Finally this chapter outlined the ethical considerations associated with the research. In the next chapter the author will begin the literature review and analyse the prevalence rates of PND in Ireland and internationally.

Chapter 3: Prevalence of Postnatal Depression

3.1 Introduction

This chapter provides an extensive review of prevalence figures of PND in Ireland and Internationally. This chapter will start by describing depression, the baby blues, PND and puerperal psychosis. The chapter will continue by examining the presenting features of PND and factors that influence prevalence rates. This chapter will critically analysis the measurement tools used to determine prevalence and ultimately illustrate the prevalence of PND in Ireland and internationally.

3.2 Depression

The World Health Organization (WHO) (2012) has identified depression as a common mental health disorder whereby a person presents with symptoms of 'depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration'. The WHO (2012) state that at worst 'depression can lead to suicide, which is associated with the loss of about 850,000 lives in the world every year'. By the year 2020, the WHO estimates that depression will reach 2nd place of the ranking of Disability Adjusted Life Years (DALY) for all ages and for both sexes (World Health Organization, 2012). This chapter will continue by exploring the manifestation of depression following the birth of a child.

3.3 The Baby Blues, Postnatal Depression and Puerperal Psychosis

The common feelings of exhaustion and anxiety while adjusting to an infant's arrival accompanied with a significant decline in hormone production during the initial postnatal period is considered the baby blues (Lewis *et al*., 2010:10). It is estimated that the 'baby blues affects up to 80% of women and occurs within days of delivery' (Fettling, 2002: 9). PND can be placed between the baby blues and the more severe puerperal psychosis. Puerperal psychosis is an extreme form of PND. This is a severe mental illness which typically has a rapid onset that presents in the form of a dramatic change in mental state following the birth of a child (Harrison and Hart, 2006). It is important to be aware that, according to Oates (1996), between one and two mothers from every one thousand live births will develop puerperal psychosis. The examination of prevalence rates in this chapter will focus solely on the prevalence rates of PND. The American Psychiatric Association (2000) outlined PND as a:

'Serious mental health problem characterised by a prolonged period of emotional disturbance, occurring at a time of major life change and increased responsibilities in the care of a new born infant'.

PND is the most common complication of childbirth which not only impacts maternal wellbeing, but also infant and child development, and family cohesion (Harpham, 2005). Approximately one-third of women who develop PND may experience symptoms in the first four weeks; two thirds will develop them between 10 and 14 weeks; and cases who present later are often misdiagnosed or missed altogether (Hanley, 2009).

3.4 Motherhood and Postnatal Depression

The role of the mother is embedded into Irish society and is an intrinsic part of the first Constitution in 1937. In article 41.2 of the 1937 constitution particular emphasis is placed on the role of the mother in ensuring the stability and protection of the family unit. Pressure is placed on women to react to motherhood in the way that society and the media present it. Goodwin *et al.*, (2010) found that the notion of the ideal mother is misrepresented through the media. According to the Central Statistics Office the most recent figures for births in Ireland is in 2009 with 74,728 births records[1]. With these high figures of births each year, understanding the experience of these mothers is necessary in order to ascertain the services needed to support them. Becoming a parent can also be a time of great change with parents being faced with learning new skills such as feeding, settling, sleeping, bathing, changing, and dressing the infant (Leahy-Warren, 2007). While it is natural for mothers to feel overwhelmed, these feelings can intensify leading to PND.

Leahy-Warren *et al.*, (2012: 389) suggests that PND can be difficult to detect because 'new mothers are often reluctant to report depressive symptoms to health care professionals'. Ramsay (1993: 3214) found that 'up to 50% of all cases of PND go undetected'. Similarly MacLennan *et al.*, (1996: 338) following extensive research on first time mother found that only 49% of those mothers who felt seriously depressed had sought help for their depression. It is important to be aware of these percentages in order to recognise that the true prevalence of PND could be concealed.

Various symptoms have been associated with mothers experiencing PND including uncontrollable anxiety, consuming guilt, and obsessive thinking (Beck, 1992:168). Beck *et al.*, (2001) highlighted the lived experience of mothers suffering from PND in a qualitative study of 150 postnatal women in

[1] Census 2011 figures are yet to be released on birth rates from the central statistics office website

America. The mothers diagnosed with PND described how their lives were transfixed with loneliness, lack of all positive emotion and fear that they would never return to normal along with an overwhelming feeling of the responsibility of caring for their children (Beck *et al*, 2001). These characteristics of depression are specific to the postnatal period which affects every aspect of the mother's life. Leahy-Warren *et al.*, (2012) highlighted that the most significant factor that impacts PND has been found to be the length of delay to early recognition and adequate treatment. Before examining the prevalence of PND it is necessary to note symptoms of a women suffering from PND.

3.5 Presenting features of Postnatal Depression

There are various signs of a mother suffering from PND that have been identified throughout the literature including: anxiety, depressive moods, sleep disturbance, loss of appetite, guilt, feelings of inadequacy (O'Hara and Swain, 1996) irrational thinking, anger (Beck and Gable, 2001) insomnia, low mood, tearfulness, fatigue and irritability (Henshaw *et al*., 2004). It is possible to suggest that all mothers could be expected to experience some of these following the birth of a child; however, combined and persistent signs could suggest PND. Health professionals and other supporting bodies working with mothers on a daily basis need to be aware of these signs in order to effectively diagnose and treat a mother suffering from PND. It is necessary to measure the prevalence rates of PND to gain a comprehensive understanding on the population of women who are suffering.

3.6 Tools Used to Measure Prevalence

The most common tool used to measure PND is the Edinburgh Postnatal Depression Scale (EPDS) created by Cox *et al.* in 1987. It's important to note that the EPDS was designed as a screening tool, not a diagnostic tool to detect PND (Cox *et al.,* 1987) (See appendix one for this screening tool). Thus scores presenting on the EPDS should not override clinical judgment, with the need for the completion of a careful clinical assessment to confirm diagnosis (Wylie *et al*., 2011:50).

This self-reporting screening tool has been proven as an effective means of measuring PND (Cox and Holden, 2003; Milgram *et al.,* 2011; Boyce *et al.,* 1993). The EPDS has been criticised for ignoring psychosocial factors that contribute to PND symptoms such as lack of social support and significant life events (Beck *et al.*, 2000). A further limitation found is that its predictive power depends on chosen cut-off scores (Appleby *et al.*, 1994; Beck & Gable, 2001). Cox *et al*., (1987) found that mothers who score between 12/13 and above are likely to be suffering from a depressive illness of varying severity with the maximum score 30 and possible depression at a score of 10 or more.

It has been found that simultaneous administration of the EPDS and Goldberg's (1978) 12-item General Health Questionnaire (GHQ) could substantially improve identifying women with PND (Navarro *et al.*, 2007; Lee *et al.*, 2000). Lee *et al.*, (2000) found that when using both tools to determine PND, the positive predictive value was significantly increased to 78%. From the 27 international studies outlined in table 1.2, one study also used the GHQ (O'Hara and Swain, 1996). This illustrates the need for further research on the combined use of EPDS and the GHQ in ascertaining prevalence rates. According to Leahy- Warren (2007) while there are challenges to screening for PND, identification is critical for early and appropriate treatment.

3.7 Prevalence Rate in Ireland

Investigations of PND rates in Ireland suggest wide variations in the percentage of women suffering from PND in Ireland. Table 1.1 outlines the studies found on prevalence rates in Ireland from studies dating from 1990-2011. The percentage prevalence rate presented in these studies range from 11%-28.6% prevalence of PND. By calculating the average prevalence rate on the five studies outlined, it is possible to suggest that 19.7% of mothers in Ireland experience PND[2]. Using the average/mean prevalence calculation of the Irish studies it is possible to suggest that 14,721 mothers suffered from PND in 2009[3]. Each Irish study used the EPDS screening tool to measure prevalence. Crotty and Sheehan (2004) also used the Schedule for Clinical Assessment in Neuropsychiatry (SCAN). As previous outlined there are certain limitations associated with the EPDS. It is important to be cautious regarding the reliability of these figures as there only a small number of studies done on PND prevalence rates in Ireland. This highlights the need for wider scale national research to be carried out in Ireland on the prevalence rate of PND.

The majority prevalence rates outlined in Table 1.1 are from quantitative research. Ugarriza (2002) argues that, internationally few studies on PND have been from a qualitative perspective. This highlights the need for more qualitative research on PND in addressing a mother's personal experience of the condition as each mothers experience is different. Similarly to Irish investigations into prevalence rates, international studies also illustrate wide variations.

[2] **Irish Studies on the Prevalence of Postnatal Depression**
11.5%+20.7% + 28.6% + 11% +26.7%= 98.5/5=19.7%

[3] **Irish Birth Rate and Prevalence**
74,728/100= 747.28 x 19.7= 14,721.416

Table 1.1-Irish Studies on the Prevalence of Post Natal Depression

Researcher	Sample Size	Time Period Post Delivery	Measurement tool	Prevalence Rate
Leahy-Warren et al (2011)	512	6-12 Weeks	EPDS	11.5%
Crotty & Sheehan (2004)	625	6 Weeks	EPDS, SCAN	20.7%
Cryan (2001)	377	Within first year	EPDS	28.6%
Lane et al (1997)	242	6 Weeks	EPDS	11%
O'Neill et al (1990)	142	6 Weeks	EPDS	26.7%
Mean				**19.7%**
Median				**20.7%**

3.8 Prevalence Rates Internationally

Varying prevalence rates have been found in international studies. Table 1.2 outlines 27 international studies found on the percentage of PND internationally in studies dating between 1990-2011. O'Hara and Swain (1996) conducted an extensive meta-analysis finding a prevalence rate of 13%. Table 1.2 includes studies conducted following O'Hara & Swain's investigation and studies which were not included in their investigation. The remaining studies in this examination were sourced from peer reviewed online databases and Google scholar using the search terms 'postnatal depression'/'postpartum depression' and 'prevalence'. The majority of the studies found were from European, American and Australia investigations into prevalence. The percentage prevalence in these studies ranged from 7% - 42.8% prevalence of PND. By calculating the average prevalence rate of the 27 international studies it is possible to suggest that the prevalence rate of PND internationally is 17.3%[4]. Various measurement tools were used in these studies to estimate the prevalence rate, with the most common tool being the EPDS[5]. Using the average/mean prevalence calculation of the international studies above it is possible to suggest that 12,928 mothers suffered from PND in Ireland in 2009[6]. These figures highlight the need for extensive support for women who are suffering and the importance of an awareness of such prevalence among professional working in the area.

[4] **International Studies on the Prevalence of Postnatal Depression**
13%+12%+21%+9.2%+16.9%+9.3%+14.6%+23.3%+10.81%+10.4%+33.6%
+19.8%+42.8%+21%+24.3%+18.2%+23.5%+10.2%+11%+14.61%+10%+25.1%
+12.4%+7%+8.9%+22.35%+23%= 468.27/27=17.343333333333%

[5] **Measurement tools for Postnatal Depression**
GSPI: Goldberg's Standardised Psychiatric Interview, BDI: Beck Depression Inventory,CES-D: Center for Epidemiological Studies Depression scale,EPDS: Edinburgh Postnatal Depression Scale,RDC: Research Diagnostic Criteria, DSM: Diagnostic and Statistical Manual III, III-R, ZDI: Zung Depression Inventory ,PC: Pitt criteria,BDI-II-The Beck Depression Inventory-II ,and PDSS: Postpartum Depression Screening Scale

[6] **Irish Birth Rate and International Prevalence**
74,728/100= 747.28 x 17.3%=12,927.944 women

Table 1.2 International Studies on the Prevalence of Post Natal Depression

Researcher	Country	Sample Size	Weeks/months Post Delivery	Measurement tool	Prevalence Rate
Nagy *et al* (2011)	Hungary	1030	3-26 Weeks	EPDS, BDI	10.81%
Adewuya *et al* (2005)	Nigeria	876	6 Weeks	EPDS,BDI, SCID-NP	14.61%
Ramchandani *et al* (2005)	United Kingdom	11,833	8 Weeks	EPDS	10%
Rubertsson *et al* (2005)	Switzerland	2430	Within first year	EPDS	12.4%
Leung *et al* (2005)	Hong Kong	269	6 Weeks	EPDS	19.8%
Gavin *et al* (2005)	Various Countries	28 Studies	Within first 3 months	Meta-analysis	21%
Freeman *et al* (2005)	United States of America	96	8 Weeks	EPDS	14.6%
Aydin *et al*. (2004)	Turkey	341	Within first year	EPDS, SCID	25.1%
Willinck and Cotton (2004)	Australia	358	6-8 Weeks	EPDS	7%
Dennis (2004)	Canada	594	1-8 Weeks	EPDS	24.3%
Patel *et al* (2003 as cited in Halbreich and Karkun 2006)	India	171	6-8 Weeks	EPDS	23%
Chaaya *et al* (2002)	Lebanon	396	3-5 months	EPDS	21%
Eberhard-Gran *et al* (2002)	Norway	2370	6 Weeks	EPDS	8.9%
Beck and Gable (2001)	United States of America	150	12 Weeks	PDSS, EPDS, BDI-II.	12%
Evans *et al*. (2001),	United Kingdom	9028	8 weeks	EPDS	9.2%
Affonso *et al* (2000)	Taiwan, Sweden, USA, Australia, Finland, Italy, India, Korea and Guyana	892	6 Weeks	EPDS	33.6%
Brown and Lumley (2000)	Australia	1331	24-28 Weeks	EPDS	16.9%
Glangeaud-Freudenthal (1999 as cited in Halbreich and Karkun 2006)	France	604	2 Months	EPDS	11%
Righetti-Veltema *et al* (1998)	Switzerland	570	3 months	EPDS	10.2%
Lawrie *et al* (1998)	South Africa	103	6 Weeks	EPDS, DSM IV	22.35%
Stuart *et al* (1998)	United States of America	107	14 weeks	EPDS, BDI	23.3%
Da Silca *et al* (1998)	Brazil	21	4 Weeks	EPDS	42.8%
Tamaki *et al* (1997 as cited in Halbreich and Karkun 2006)	Japan	627	4 Weeks	EPDS	18.2%
Baker et al (1997)	United Kingdom	9208	8 Weeks	EPDS	23.5%
O'Hara and Swain (1996)	Various Countries	59 studies with 12,810 participants	1-8 Weeks	meta-analysis of BDI,CES-D,ZDI, EPDS,RDC ,DSM,P C, GSPI	13%
Cambell and Cohn (1991)	United States of America	1033	6-8 Weeks	CES-D	9.3%
O' Hara (1990)	United States of America	182	9 weeks	BDI	10.4%
Mean Percentage					**17.3%**
Median					**14.61%**

3.9 Factors that influence Postnatal Depression Rates

Various factors have been identified as contributors towards prevalence rates. These include an unsatisfactory marriage (Beck 2001; Henshaw *et al*., 2004; O'Hara & Swain 1996), loneliness and lack of adult company (Sharpe, 1995), complicated pregnancy/birth (Johnstone *et al*., 2001; O'Hara & Swain 1996) low family income and lower occupational status (O'Hara & Swain, 1996), limited social support (O'Hara and Swain 1996; Beck 2001), cigarettes smokers (Freeman, 2005), a history of depression/low self-esteem (Beck 2001; O'Hara and Swain 1996; Freeman, 2005), role changes (Elliot, 1995), low social class (Beck, 2001; O'Hara and Swain, 1996) and life stressors during pregnancy (O'Hara & Swain 1996). O Hara and Swain (1996:45) in an extensive meta-analysis found that the 'strongest predictors of PND were past history of psychopathology and psychological disturbance during pregnancy, poor marital relationship and low social support, and stressful life events'.It is important that professionals are aware of these wider ecological influences of PND and the impact they have on a women's life.

3.10 Discussion and Analysis

The results from this study indicate that the prevalence of women in Ireland and internationally that suffer from PND stands at 19.7% and 17.3% respectively. The differences in prevalence figures could be credited to the high representation of mothers with a previous history of depression, differences in sample methodologies/demographics, data collection points, and method of measuring depressive symptoms(Cryan *et al.,* 2001; Leahy-Warren, 2011) Nonetheless, the most recently published studies places the prevalence of PND between 11.5%-20.7% in Ireland. International researches have reported similar finding with the median prevalence rate of PND found in the 27 studies found to be 14.6%[7]. Recognising the prevalence of PND is necessary to improve and advocate for standards of care for people suffering from PND.

Various tools have been used throughout the literature to measure prevalence rates. The EPDS remains most popular, with the majority of studies using it as a screening tool. It is important to recognise that according to MacLennan *et al.*, (1996) approximately 50% of women go undiagnosed. Professionals working with pregnant and postnatal women need to be aware of the presenting

[7] **Median International Prevalence Rate**
7%, 8.9%, 9.3%,9.3%,10%, 10.2%, 10.81%,10.4%,11%, 12%, 12.4%, 13%,**14.6%,14.61%**, 16.9%,18.2%, 19.8%,21%,21%,22.35%,23%,23.3%, 23.5%,24.3%,25.1%,33.6%,42.8%= 14.6+14.61/2=14.605%

features of PND and the factor that influence the prevalence rate in order to facilitate early detection. It is particularly important to be cautious regarding the reliability of the Irish prevalence figures as there only a small number of studies done on PND prevalence rates in Ireland. This highlights the need for wider scale national research to be carried out in Ireland on the prevalence rate of PND. The prevalence rates outlined above reiterate the need for support for women who are suffering with PND. Support services for women who are suffering with PND need to be put in place in order to maintain and protect the mental health status of the mother.

3.11 Conclusion

This chapter has explored the varying prevalence rates in Ireland and internationally. This chapter examined the role of the mother in Ireland, the baby blues, PND and puerperal psychosis leading on to the presenting features of PND and factors that influence PND rates. Overall this chapter has found an extensive prevalence of PND. The next chapter will focus on women's perceptions of the social supports available to them in dealing with PND.

Chapter 4: Peer Social Support

4.1. Introduction

This chapter will critically review existing literature in the area of social support systems for women with PND. Section one of this chapter will focus on peer social support. It will focus specifically on three models of peer social support including support groups, online discussion forums, and telephone line support. Section two of this chapter will focus on professional social support in providing care to women suffering from PDN. This section will focus on individual counseling services and support from nursing staff.

4.2 Social Support

A lack of social support has been found to be a contributing factor of PND (Hung & Chung, 2000; Xie *et al.*, 2009; Beck 2001). Women often feel shame, embarrassment, and failure as mothers and as a result the mother herself can be the biggest obstacle to receiving help (Russell, 2009; Ugarriza, 2004). From a small scale qualitative investigation it was found that the barriers to women seeking support for PND include normalising of symptoms, limited understanding of PND, waiting for symptoms to improve, discomfort discussing mental health concerns and fears (Swords *et al.*, 2008). Peer support is the provision of support from someone who has experienced the same problem and has similar characteristics as the proposed recipient (Dennis, 2003). Individuals embrace new knowledge more effectively when presented by peers, thus it makes sense to incorporate peer volunteers in the management of many disorders including PND (Macvean *et al.*, 2008; Thomas *et al.*, 2008 as cited in Dennis 2012).

This examination has sourced one extensive systematic review completed on women's experience of socials support in assisting PND. Dennis and Hodnett (2009) conducted a wide-ranging systematic review in the Cochrane Collaboration on psychosocial and psychological interventions for treating PND. They examined nine trials reporting outcomes for 956 women. They found that both psychosocial and psychological interventions were effective in reducing depressive symptoms. The research found that those with a clinical diagnosis of PND had the same level of decreased depressive symptoms as those who were diagnosed based on self-reported depressive symptoms such

as using the EPDS. This systematic review illustrates that regardless of the means of diagnosing PND, psychosocial and psychological interventions will be of benefit to recovery.

4.3 Current Peer Social Supports available in Ireland

PND Ireland provide three different peer social supports to people suffering from PND. These include monthly support meeting, a telephone service and an internet discussion forum. It has limited funding and counts on volunteers to continuingly provide support to women suffering from PND. Halbreich and Karkun (2006:97) illustrate that one cultural influencing factor that effects prevalence rates of PND is the considerable 'shortage of postnatal support services available in many countries'. Women's experience of peer support will now be examined from the literature.

4.4.1 Support Groups

A PND support group is a safe place where women can go, who are experiencing PND. Nichols and Jenkinson (2004) identify that a support group in comparison to other forms of peer support provides recipients with the knowledge of other people's direct personal experience. This form of peer support offers individuals personal support and personal development. Green (2004) outlined her private experience of attending a PND support group identifying how she learned that her feelings were not unique and that depression does not discriminate 'it affects people from all walks of life, irrespective of age, colour, or education' (Green, 2004 :311). Various investigations into PND support groups have been conducted with differing findings on their benefits.

Mauthner (1995) conducted a qualitative examination on the significance of peer support from other mothers when dealing with PND. She found that peer support between mothers is particularly helpful as it provides emotional support. Chen *et al.,* (2000) explored the influence of weekly support group meetings for women with PND in Taiwan. The women participated in four supportive group sessions and it was found that those who attended the support sessions had significantly decreased measures of PND.

Furthermore, Honey *et al.,* (2002:407) examined the use of educational groups in supporting women with PND in comparison to routine primary care visits. This educational group comprised of three aspects (1) providing information and advice on PND (2) use of 'cognitive–behavioural techniques to deal with women's views about motherhood and strategies for coping with anxiety'; and (3) teaching the use of relaxation. This research found that 8 Week educational group support has a greater effect on those suffering from PND than standard primary care support.

Similarly, Meager and Milgrom (1996) found that a one and a half hour, 10 week cognitive behavioural group program conducted by a clinical psychologist could possibly be effective as a treatment for depression in the postnatal period. They also recognised that 'due to the high drop-out rates and the small sample size' the results must be accepted with caution. This program promoted a cognitive behavioural approach encouraging an environment of social, educational and emotional support where women could share their experiences and explore what PND means for them.

The studies outlined above which were found following the search strategy outlined in chapter 2, illustrate that women suffering from PND have had positive experiences of attending peer support groups. Following attendance at these support groups they measured a significant decrease in depressive symptoms. These studies found that successful peer support groups:

1. Offer weekly support groups to women with PND
2. Provide emotional support
3. Provide information and advice on PND
4. Provide a safe place for women to share experiences
5. Offer support on strategies for coping with anxiety
6. Teach the women about relaxation
7. The facilitator of the group uses cognitive–behavioural techniques to deal with the women's views and
8. The group is organised and planned efficiently.

One study also suggested that the incorporation of a partner into the support group could be beneficial in creating greater understanding and facilitation of change. However it is important to recognise that these studies were completed on a comparison with routine primary care visit. These studies have certain limitations as they did not compare peer support groups with other forms of support. Various options of peer support are necessary to facilitate the need of the mother who is suffering.

4.4.2 Online Discussion Forum

Internet support groups enable individuals with specific problems to readily communicate online (Griffin *et al.*, 2009). Barak *et al.,* (2008) found that online support groups offer people well-being, a sense of control, self-confidence, feelings of more independence, social interactions, and improved feelings however they can also create dependency, distancing from in-person contact and exposure to

unpleasant experiences which can be typical of social engagement online. Griffin (2009) conducted a systematic review of internet support groups and found that there is a scarcity of high-quality evidence concerning the effectiveness of internet support groups for depression. One study has been found in this investigation on women who have PND experiences of online support forums.

Evans *et al.,* (2011) examined 512 messages posts on a PND online support group over six months. They found that the majority of the women's posts illustrated that the distressed women were receiving emotional, informational and instrumental support. In this study Evans *et al.,* (2011) found that online support groups provide women experiencing PND a safe place to connect with others and receive information, reassurance and hope. They found that the discussion group participants 'cared' for each other and provided a safe place to reveal negative thoughts about motherhood. Their findings suggested that participation in online support groups provide relief and comfort for those who are suffering PND symptoms. Additional qualitative and quantitative research is necessary in regard to PND online discussion forums. Further research would gain a well-informed perspective on women's experiences of online support. Similarly to online discussion forums, peer phone support offers assistance to women with PND, without the women needing to leave the home.

4.4.3 Peer Telephone Support

Peer support telephone calls have been widely used for a variety of health-related concerns (*Dale et al.*, 2009). Dale *et al*., (2009) in a Cochrane Collaboration systematic review found that peer support telephone calls were associated with reduced depressive symptoms in mothers with PND. This peer support intervention significantly decreased depressive symptom at the 4-week assessment and 8-week assessment.

Dennis (2010) similarly examined the experiences of 349 mothers receiving telephone based peer support from community volunteers who had a history and recovery of PND. The women examined in this study were identified as high risk within the first two week postnatal by a public health nurse (PHN) using the EPDS. Women with PND where then matched to the community volunteers. Dennis (2010) provided volunteers with a peer volunteer training manual which helped in guiding the community mothers to help other mothers[8]. She found in comparison to a control group, mothers have a positive experience of this form of support due to the provision of emotional, informational and appraisal support from the community volunteer who had a history and recovery of PND. This

[8] This training manual has been source from Dennis (2010) and will be provided to PND Ireland

study also made recommendation for the continued successful treatment of PND via telephone based peer support.

It was recommended that volunteers should be trained in the provision of appraisal support, should be matched carefully to participants based on age, number of children, and breastfeeding status and finally, peer support line should ensure that participating mothers want to receive peer support in order to facilitate the development of relationships with their assigned peers (Dennis, 2010). Dennis (2012) evaluated the voluntary mother's experience of providing telephone peer support finding that phone peer support is an effective preventative intervention. Volunteer's insights were measured at 12 weeks using the peer volunteer experience questionnaire. A substantive majority felt that the training session had prepared them for their role (94.2%), that volunteering did not interfere with their lives (81.8%) and that providing support helped them grow as individuals (87.8%). However, one quarter of the peer volunteers either felt that they would have liked additional information in some specific area of PND. These areas included more detail about factors that contribute to PND and the medication used by women suffering from PND.

Telephone support for women suffering from PND has been found to provide positive experience of support due to the provision of emotional, informational and appraisal support. It is possible to suggest that peer support telephone lines provide support to PND women by effectively training the volunteers and providing sufficient on-going support to the volunteers. This suggests that understanding volunteer's needs and preferences is an important step towards utilising this key resource in the management of PND.

The next section will deal with social support provided to women with PND by professionals.

4.5.1 Counselling Support Services

Counselling support has been outlined by Feltham and Dryden (1993:4) as:
'A principled relationship characterised by the application of one or more psychological theories and recognised set of communication skills, modified by experience, intuition and other interpersonal factors to clients intimate concerns, problems or aspirations' Various investigations into PND counselling support have been conducted with differing findings on their benefits. Wylie *et al*., (2011) places particular focus on the choice of therapy and illustrated that it should be based on patient suitability, preference and availability. The studies outlined below examine women's experiences of various forms of counselling support for women with PND.

Murray *et al*., (2003) evaluated the effects of routine primary care treatment with non-directive counseling, Cognitive Behavioural Therapy (CBT) and Psychodynamic Therapy. They assessed these treatment options on 193 women with PND by measuring their effect on the mother/child relationship. They found that each counseling treatment option had a significant benefit on maternal reports of the quality of relationship with their infants. Similarly The National Institute for Clinical Excellence (NICE) (2007) places particular focus on CBT as a form of counselling support for women with PND. They advise professionals to offer self-help programmes based on CBT and offer brief CBT or interpersonal psychotherapy. Appleby *et al.*, (1997) found the need for multiple CBT sessions finding that six sessions of counselling was significantly greater than after a single session. Psychotherapy can also be effective in providing counselling support.

O'Hara *et al*., (2000) invested the role psychotherapy on 120 women suffering from PND. The intervention group received 12 weeks of psychotherapy in comparison to the control group. The women who received psychotherapy had a significant reduction in symptoms of PND compared to the control group. Cooper *et al*., (2003) conducted a longitudinal randomised control trial comparing women with PND who received psychotherapy against a control group who received routine care. The three forms of psychotherapy explored in this study made a substantial difference to PND measures compared to the control group. This suggests that women with PND have a positive experience of psychotherapy as a counseling support.

Finally, in an early randomised control trial Holden *et al.*, (1989) ascertained whether counselling by health visitors is helpful in management of PND. They conducted eight weekly counselling visits by health visitors who had been given a short training in counselling. They found that after three months 18 (69%) of the 26 women in the treatment group had fully recovered compared with nine (38%) of the 24 in the control group. This suggests the important role of health visitors in supporting women with PND. A further study by Wickberg and Hwang (1996) examined the role of nurses in providing counselling to women suffering from PND. Child Health Clinic Nurses in Sweden conducted six weekly counselling sessions to women suffering from PND. In their study 80% (15 women) of the women placed in the intervention group in comparison to 25% (4 women) of the control group fully recovered from PND. This further provides evidence of the effective use of health visitors in aiding suffering mothers. These studies are dated and limited in sample size suggesting the need for further research regarding counselling by a health visitor.

Health professional need to consider a choice of counselling services that would be suitable to the suffering mother. The studies above found that women had a positive experience of CBT, psychotherapy and counselling from a health visitor. These studies have found that counselling can decrease depression, with some women experiencing full recovery. Extra social support from nurses has also been associated with supporting women with PND**.**

4.5.2 Social Support from Nurses

Morrell *et al.*, (2000) conducted randomized control trials on 623 post-natal women. The intervention group received ten three-hour home visits by a community postnatal support worker in the first month following birth. At six weeks postnatal they found no significant improvement in mental health status among the women in the intervention group in comparison with the traditional system that involves community midwife visits. This suggests that midwifery postnatal support has a greater benefit to the postnatal women in comparison to community postnatal support worker.

Similarly, MacArthur *et al.*, (2002) illustrated the role of nurses in providing support. They redesigned community care for postnatal women providing the intervention group with midwife led care and no routine contact with general practitioners and a service that was flexible to the individual needs of the postnatal women. The midwives used symptom checklists and EPDS to identify health needs and guidelines for the management of these needs. In this study on 1503 postnatal women, EPDS was significantly better in the intervention group than in the control group, but the physical health score did not differ.

In contrast to the studies outlined in section 4.5.1 (Holden *et al.*, 1989; Wickberg and Hwang, 1996) these studies suggest the need for extra social support from nursing staff in comparison to a counselling role by nursing staff. These studies have found that there is greater significance in the role of nursing staff in providing support to women with PND in comparison to a general practitioner and that of community postnatal support workers. These studies illustrate the role of nurses in providing support to women with PND.

4.6 Analysis and Discussion

Peer social supports and social support in general is necessary for improving the standard of care from community and healthcare professionals. These studies have illustrated that extra social support in comparison to the regular primary care provision reduces depressive symptoms in women with PND. However, it is necessary that each peer social support has key characteristic in order to be

successful. For support groups and telephone line support a PND support service needs to be able to provide emotional, informational and appraisal support with suitably trained volunteers and facilitators. PND social support comparative research is needed to gain a wider understanding of the positives and negatives of this form of support. Various forms of counselling service have been seen as beneficial in treating PND. A further focus needs to be placed on the role of nursing staff in diagnosing and providing support to women with PND. Overall this research suggests that the provision of some form of peer social support/support in comparison to a regular primary care service is of benefit to women as it is found to reduce PND.

4.7 Conclusion

This chapter has explored, from a qualitative and quantitative perspective, studies investigating women's experiences of peers social support and professional supports. This chapter explored support groups, online discussion forums, telephone peer support, counselling support and support from nursing staff. The research suggests that women have had a positive experience of these forms of support as examinations have found decreased depressive score. The next chapter will focus on policy and legislation available to women dealing with PND.

Chapter 5: Policy

5.1 Introduction

This chapter will review legislation and policy in Ireland and Scotland to determine the support available to women on a statutory footing. This chapter will analysis the Irish Mental Health Act 2001 and the 'Visions for Change' Irish policy document, determining its role in protecting women with PND. The chapter will continue by briefly reviewing policy within service provision. Finally, it will give an overview of the policy framework designed in Scotland to dealing with specific issues for women suffering from PND. Firstly this chapter will discuss the wider perspective on policy provision for PND.

5.2 World Health Organisation

The WHO outlines that social support is necessary for maternal and infant well-being (World Health Organisation, 2005). In a report into the policies and practices of mental health in Europe it was found that out of 42 countries policies addressing women at risk (such as preventing PND) have been implemented in 6 countries and programmes have been implemented in 14 countries. This shows that the European countries have a great deal further to go in protecting women with PND. Ireland has neither a policy nor programmes in place for women suffering from PND. The WHO (2005) also found that European Union (EU) countries were more likely to implement policy change targeting the whole population, in contrast to vulnerable groups. This suggests that conditions affecting those who are unable to speak out are less likely to gain policy implementation. The next section will discuss policy and legislation in Ireland.

5.3.1 Mental Health Act 2001

The legislation enacted in the Mental Health Act 2001 is limited in its protection of women suffering from PND. The Mental Health Act 2001 in Ireland outlines rules about admission to psychiatric hospitals and the rights of psychiatric patients. It monitors and regulates the standards of care in psychiatric hospitals and promotes the best interest of the patient. This act provides protection for women suffering from the sphere form of PND, puerperal psychosis. However the Mental Health Act

2001 does not provide protection to the majority of mothers affected by PND. Policy in Ireland also provides limited protection to women suffering from PND.

5.3.2 Vision for Change

In Ireland, the policy document 'Vision for Change' sets out the responsibilities in relation to mental health of the HSE, the Department of Health and Children and other departments. This policy document recognise postnatal psychosis as a severe and acute onset mood disorder occurring in the first two weeks postnatal, however does not place emphasis on the less sphere onset of PND. Recommendation 15.5.4 outlines the need for one additional adult psychiatrist and senior nurse with perinatal expertise to be appointed to act as a resource nationally in the provision of care to women with severe perinatal mental health problems. Two surveys have been conducted by the HSE on 13 catchment areas within HSE South, HSE Dublin Mid Leinster, HSE West and HSE Dublin North East on the implementation of this recommendation. It was found that 3 out of the 13 catchment areas had an additional psychiatrist and nurse dealing with perinatal mental health problems. These three catchment areas were in Dublin (Health Service Executive, 2011). This illustrates the need for the Irish government to follow through on its recommendations on this service for child bearing women in order to protect their mental health. Vision for Change also provides no recommendation for community social support for women suffering from PND (Government of Ireland, 2006). Screening and treatment of women with PND has not been placed on a statutory footing with legislation and policy providing little protection. Screening and treatment remains with healthcare professionals and their awareness of the condition.

5.3.3 Guidelines within Service Provision

In a document outlining the guidelines for the management of depression and anxiety disorders in Primary Care created by the HSE, the high risk of depression in postnatal women is acknowledged. It describes how general practitioners might consider using an assessment tool such as the EPDS for detecting depression; however it does not place any specific focus on PND or providing access to the tool in the document. This guideline document outlines the use of 2 questions incorporating the patient's feelings and interest in doing things as a suitable means of ascertaining if a person is depressed (Health Service Executive, 2006). Further emphasis of PND should be placed on general practitioners with a need for screening if they suspect a postnatal woman to be depressed. Social supports need to be available for women with PND in conjunction with anti-depressants prescribed by doctors. Similarly, from a policy search through the nursing board in Ireland, An Bord Altranais,

there is no policy for nurses in relation to dealing with people who have PND or depression[9]. Provision within nursing policy for women with PND needs to be created in order to affectively treat women who are suffering. In contrast to Ireland, the next section will discuss policy and legislation development in Scotland. Scotland has been chosen for comparison due to it close geographic proximity and its differing outlook on PND.

5.4.1 Policy and Legislation in Scotland

Scotland has seen great development in policy and legislation provision for women with PND in comparison to Ireland. In Scotland, Part 4 Section 24 of the Mental Health (Care and Treatment) (Scotland) Act 2003 outlines that the health board and local authority provide 'services and accommodation for certain mothers with postnatal depression'. It also states that 'A Health Board shall provide for any woman who..... has been admitted to hospital, whether voluntarily or not, for the purposes of receiving treatment for postnatal depression' (Mental Health Scotland Act: 2003). This provision recognises the specific care needs for women with PND in comparison to other conditions.

Furthermore, the Scottish executive has created a series of policy documents for the management of PND. These policy documents outline the guiding principles for all approaches to perinatal mental illness/PND care. These include 'Our National Health: a plan for action a plan for change' (Scottish Executive 2001a), The Framework for maternity services in Scotland (Scottish Executive 2001b) and Nursing for health: a review of the contribution of nurses, midwives and health visitors to improving the public's health (Scottish Executive 2001c).

These policy documents had specific implications for women suffering from PND. It was suggested that each local NHS Board should have systems to promote early detection, referral and treatment of PND (Scottish Executive, 2001a). The policy outlined that maternity services for women suffering from PND were to be offered to women across Scotland and its Principle 17 stated that 'There should be a comprehensive, multi-professional, multi-agency service for women who have, or are at risk of, postnatal depression and other mental illness' (Scottish Executive, 2001c). A particular focus was also placed on multi-disciplinary work between primary care and mental health services (Scottish Executive, 2001c). These policy documents are designed to improve the care surroundings

[9] Policy and Guideline search between 2000-2012 on 15 documents on the 'An Bord Altranais' website

of mothers with perinatal mental illness, including PND, to allow mothers to be admitted to hospital accompanied by their child. The Scottish executive also recognises the need for screening of PND.

In Scotland, PND is screened by the routine use of EPDS. In 1996 'routine screening of all women for depression was recommended using the EPDS between 6 and 8 weeks postnatal' (Adler *et al.*, 2008:215). In 1999 the Scottish Executive proposed the development of integrated care pathways to facilitate the detection and management of screening from once to twice in the postnatal period (Scottish Executive, 2001a).

Following on from this the Scottish Intercollegiate Guidelines Network (SIGN) created 60 evidence based recommendations for the care of women with PND[10]. Alder et al (2008) investigated the current policy and practice for PND in Scotland and examined how effectively SIGN guidelines were addressed. Adler et al (2008) found that 47% of policies and 68% of general practices were addressing the recommendations. Minimum standards represented by the SIGN 60 evidence-based recommendations were mostly followed in both policy and practice.

5.5 Discussion and Analysis

European countries including Ireland have a great deal further to go to improve the standard of care for women with PND. The Mental Health Act and Vision for Change offer little support to women with PND with focus being placed on the more sphere form of PND, puerperal psychosis. Screening and treatment remains with healthcare professionals and their awareness of the condition. Further emphasis of PND should be placed on general practitioners and nursing staff with a need for screening if they suspect a postnatal woman to be depressed. Social supports need to be available for women with PND in conjunction with anti-depressants prescribed by doctors. Legislation and Policy in Scotland outlines the specific care needs for women with PND in comparison to other conditions. They illustrate the services and accommodation needed for women with PND in correlation with multi-disciplinary work. Screening for PND is also embedded into Scottish healthcare provision with the use of the EPDS. The development of health care policy and clinical guidelines along with national social support for women with PND needs to be created in Ireland to enhance maternal mental health.

5.6 Conclusion

[10] This guidelines have since been updated with the 'Management of perinatal mood disorders A national clinical guideline' (2012) now guiding practice. This document will be provided to PND Ireland.

This chapter has reviewed legislation and policy in Ireland and Scotland to determine the support available to women on a statutory footing. It has analysed the Irish Mental Health Act 2001 and the 'Visions for Change' Irish policy document illustrating its lack of support for women with PND. Ultimately, policy advocacy is necessary both in Ireland and internationally to protect women and provide an appropriate service to those suffering from PND.

Chapter 6: Conclusion, Recommendations and Personal Reflection

6.1 Introduction

This chapter will illustrate the key findings from this extensive literature review conducted on PND. It will explore the three research question outlined in chapter 1 and the influence of these finding for PND Ireland. This chapter will continue by outlining recommendations for PND Ireland. This chapter will conclude with the author's personal reflection of the research process.

6.2 Discussion

The primary aim of this study was to establish a greater understanding on PND from an extensive literature review for PND Ireland. This research was conducted with the use of three research questions. The most noticeable points raised in relation to these questions will now be outlined and based on these; the author will propose recommendations for PND Ireland.

6.3 What is the Prevalence of Postnatal Depression in Ireland and Internationally?

The results from this study indicate that the prevalence of women in Ireland and internationally that suffer from PND stands at 19.7% and 17.3% respectively. The most recently published studies places the prevalence of PND between 11.5%-20.7% in Ireland. International researches have reported similar finding with the median prevalence rate of PND found in the 27 studies found to be 14.6%. Recognising the frequency of PND in Ireland is necessary to improve standards of healthcare for women with PND. Professionals working with pregnant and postnatal women need to be aware of the presenting features of PND and the factor that influence the prevalence rate in order to facilitate early detection. It is necessary for wider scale national research to be carried out in Ireland on the prevalence rate of PND.

6.4 What do Women with Postnatal Depression say about Peer Social Support?

This research has found that women have had a positive experience of peer social support and professional support. Studies have illustrated that extra social support in comparison to the regular

primary care provision reduces depressive symptoms in women with PND. These forms of peer support include support groups, online discussion forums and peer telephone support, with professional support including counseling services and support from nursing staff. However, it is necessary that each support has key characteristic in order to be successful.

6.5 What Policy Support is available for women with Postnatal Depression in Ireland?

The finding of this study illustrate that The Mental Health Act and Vision for Change offer little support to women with PND with focus being placed on the more sphere form of PND, puerperal psychosis. Legislation and policy in Scotland outlines the specific care needs for women with PND in comparison to other conditions. They illustrate the services and accommodation needed for women with PND in correlation with multi-disciplinary work. Screening for PND is also embedded into Scottish healthcare provision with the use of the EPDS. Ireland along with other European countries offers little policy and legislative support for women with PND.

6.6 Recommendations for PND Ireland

The below points illustrate the recommendations for PND Ireland from this examination of the literature. Figure 6.1 shows an ecological perspective recommended national support for women with PND in Ireland demonstrating what support should be available to women, from within the home to wider policy and legislation.

- It is recommended that PND Ireland use the telephone support training manual entitled 'Peer Volunteer Training Manual- Mothers Helping Mothers With Postpartum Depression' (Dennis,2010) which has been found to be effective (Dennis, 2012). The training will require volunteers to attend a mandatory 4 hour training session, which focused on developing the skills required to provide effective telephone-based peer support. This training manual has been sourced by the researcher and a copy will be provided to PND Ireland.
- It is recommended that PND Ireland advocate for the provision of public health nurses in the local vicinity with the Edinburgh Postnatal Depressive Scale (EPDS) and Goldberg's 12-item General Health Questionnaire (GHQ). It is recommended that public health nurses are given appropriate training in these measurement tools in order to detecting PND. Public health nurses and midwifes have the most contact with mothers in the postnatal period and, therefore, are in a prime position to detect PND. Following detection the public health nurses could provide women with the service details of PND Ireland. It is recommended that

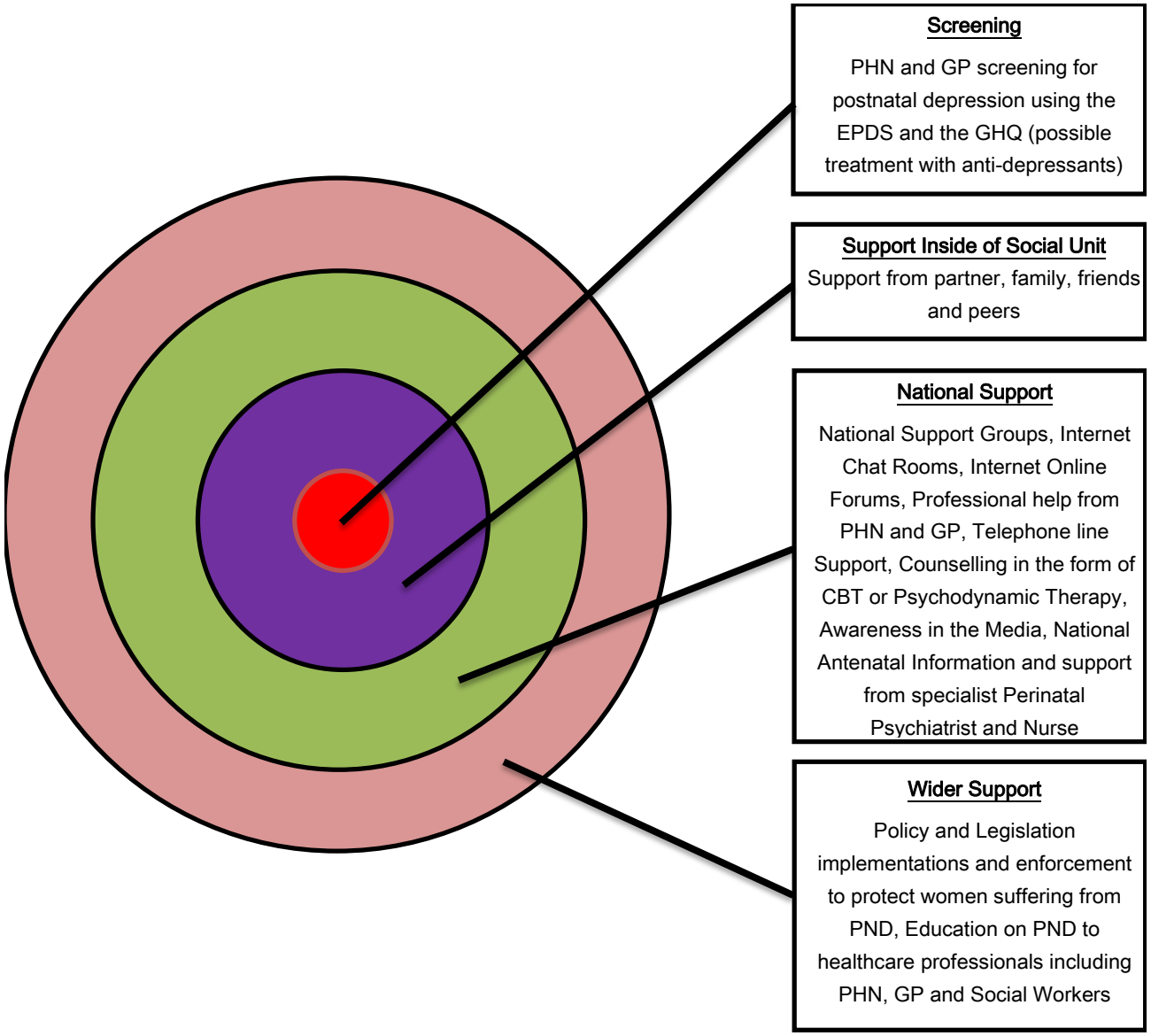
provision of this source should be limited to the local vicinity due to the possibility of those detected being able to attend the support group in Cork, along with availing of the other services provided by PND Ireland.

- The research suggests distinctive qualities of a PND support group. It is recommended that PND Ireland ensure that these characteristics are incorporated into the support group they provide. They include:
    - Weekly support groups to women with PND
    - A safe environment with the provision of emotional and information support and advice on PND
    - Offering of strategies for coping with anxiety and teaching the women about relaxation
    - The use of cognitive behavioral techniques to deal with the women's views
- It is recommended that PND Ireland continue to advocate for additional funding. It is the recommendation of this study that the Government in Ireland invests in and provides resources to establish a national support service for women suffering from PND. Ireland has undoubtedly a high prevalence rate, estimated between 11.5-20.7% of postnatal women. Research has found that social supports can relieve depressive symptoms and these supports need to be provided on a national basis to protect the mental health of postnatal women.
- It is recommended that PND Ireland provide a one to one counseling service for women with PND. The author is aware that the charity has limited funding and suggests that the charity links with low cost counseling services external to the organisation.
- Guidelines for the Management of Depression and Anxiety disorders in Primary Care outlines the contact details for mental health voluntary organisations that provide support to people suffering from depression. It is recommended that PND Ireland contact the director of this document to ensure inclusion of contact details in subsequent documents[11].
- The Irish Nurses and Midwife Organisation have recently created a workshop entitle 'Postpartum Care "Role of Midwives' which will be delivered to midwives. It is recommended that PND Ireland contact this organisation as a means of providing midwives with contact information on PND Ireland, and possible inclusion of information in the workshop[12].

[11] This document and contact details will be provided to PND Ireland
[12] Contact details will be provided to PND Ireland

- It is recommended that PND Ireland advocate to the Irish government to follow through on recommendations 15.5.4 in the vision for change policy document outlining the need for one additional adult psychiatrist and senior nurse with perinatal expertise to be appointed in the 10 remaining Health Service Executive catchment areas.

Figure 6.1 Recommended National Supports for Women with Postnatal Depression



6.7 Dissemination of the Findings

The findings of this study will be disseminated to PND Ireland and will provide expanded information on the recommendations. The findings will be presented at a research conference which will be attended by colleagues, first year MSW students and course lecturers. The research will be

presented to the committee of PND Ireland in the form of a power point. The author will provide PND Ireland with any of the literature found in this study.

6.8 Link to Social Work Practice

This investigation has found an extensive prevalence of PND in Ireland and internationally. It has detrimental consequences for the mother, child and the wider family. Social workers are working daily with mothers, children and the wider family. Social workers need to be mindful that it is possible a woman is suffering from PND and need to be aware of the support services available to the mother. The author will ensure that she brings this new knowledge and awareness of PND to her future practice in social work and share it with her future colleagues.

6.9 Personal Reflection

During this research experience I was faced with many personal and academic challenges that I had not originally anticipated. I encountered my own insecurities about my ability to take on this huge task of researching for an organisation. I managed these anxieties successfully to avoid compromising my work, a vital skill that I have transferred from my social work training. From the experience of conducting this research, both my research skills and confidence in conducting research tasks have flourished. I believe that by facing my anxieties surrounding carrying out research, this will have a positive impact on my career in that I will approach research tasks in future with confidence.

My ability to manage my time and tasks appropriately was a major learning experience for me. It was important that the tasks required for completing my thesis were planned and organised efficiently and effectively. It was important that I created guidelines and deadlines for myself so that I was not left at the end with a lot of ground still to cover. On reflection, this is a vital skill that I have been able to develop, which will be useful when I begin work as a Social Worker. I also feel that I have learned the value of looking for help and guidance for tasks that I am unsure about. I have learned that I must not be reluctant to seek help when I require it. I now have a new found appreciation for the role research in influencing practice, as I feel my recommendations could influence practice. Making the recommendations was probably the most important and interesting part of the research journey for me.

The biggest challenge I faced in this experience was sifting through the sheer volume of literature on the subject and filtering out what was relevant. I felt very overwhelmed by this on various occasions.

I have learned that I am able to stay driven to complete a task I am finding difficult to overcome. This newly evolving skill will be useful to me when I begin practice as a Social Worker. I thoroughly enjoyed meeting with PND Ireland and its founder Madge. I have been inspired by her work ethic and her ability to create a service from limited resources.

While the research period has been at times stressful and challenging, overall I have enjoyed the experience and I benefited both personally and academically.

6.10 Conclusion

This piece of research has achieved its aims as it has gathered a greater understanding on PND from an extensive literature review. It has illustrated the widespread prevalence of PND in Ireland and internationally, highlighted women's experiences of social support and determined the policy support available to women suffering from PND in Ireland. The author's objective to provide PND Ireland with valuable information has been completed to the best of the author's abilities.

Bibliography

Adewuya, A., Femi, B., and Stella-Maris, O. (2005) Socio demographic and obstetric risk factors for postpartum depressive symptoms in Nigerian women. **Journal of Psychiatric Practice**, 11(5) pp. 353-358.

Affonso, D., Anindya, K., Horrowitz, J., and Mayberry, L. (2000). An international study exploring levels of postpartum depressive symptomatology. **Journal of Psychosomatic Disorder**, 49, pp. 207–216.

Alder, E.A., Reid, M., Sharp, L., Cantwell, R., Robertson, K., and Kearney, E. (2008) Policy and practice in the management of postnatal depression in Scotland. **Archieve of Women's Mental Health,** 11 pp. 213-219.

American Psychiatric Association. (2000) **Diagnostic and Statistical Manual of Mental Disorders,** 4th ed. Washington, APA.

Appleby, L., Gregoire, A., and Platz, C. (1994) Screening women for high risk of postnatal depression. **Journal of Psychosomatic Research,** 38, pp. 539–545.

Appleby, L., Warner, R., Whitton, A. and Faragher, B. (1997) A controlled study of fluoxetine and cognitive behavioural counselling in the treatment of postnatal depression. **British Medical Journal**, 314 pp. 930-935.

Aydin, N., Inandi,T., Yigit, A., and Hodoglugil, N. (2004) Validation of the Turkish version of the Edinburgh Postnatal Depression Scale among women within their first postpartum year. **Social Psychiatry and Psychiatric Epidemiology**, 39 (6) pp483-397

Baker, D., and Taylor, H. (1997) The relationship between condition-specific morbidity, social support and material deprivation in pregnancy and early motherhood. **Social Science & Medicine,** 45 (9) pp. 1325-1336.

Barak, A., Nissim, M., and Suler, J. (2008).Fostering empowerment in online support groups. **Computers in Human Behaviour**, 25 (5) pp. 1867-1883.

Beck, C.T. (1992) The lived experience of postpartum depression: A phenomenological study. **Nursing Research**, 41, pp. 166–170.

Beck, C.T. (1996) Postpartum depressed mothers' experiences interacting with their children. **Nursing Research**, 45, pp.98–104.

Beck, C.T. (1996) A meta-analysis of predictors of postpartum depression. **Nursing Research**, 45 pp.297-303.

Beck, C.T. (2001) Predictors of postpartum depression: An update. **Nursing Research**, 50 pp. 275-285.

Beck, C.T., and Gable, R.K. (2001) Further validation of the Postpartum Depression Screening Scale. **Nursing Research,** 50, pp. 155–164.
Berkman, L.F. (1985) The relationship of social networks and social support to morbidity and mortality. In: Cohen, S., and Syme, S.L. eds. **Social Support and Health**, Orlando, Academic Press.

Bennett, M., and James, S. (2001) Through the glass ceiling: women's experience of modern workplace practices. **Journal of Gender in Business**, 5 (3) June, pp.32-41.

Brown, S., and Lumley, J. (2000) Physical health problems after Child birth and maternal depression at six to seven months postpartum. **British Journal of Obstetrics and Gynaecology**, 107, pp. 1194–1201.

Boyce, P., Stubbs, J., and Todd, A. (1993) The Edinburgh postnatal depression scale: Validation for an Australian sample. **Australian and New Zealand Journal of Psychiatry**, 27 pp.472-476.

Bryman, A., Bell, E. and Teevan, J. (2009) **Social research methods**. 2rd Edition, Oxford University Press.
Bunreacht na hEireann. (1937) **Constitution of Ireland**. Dublin, Government Publication.

Campbell, S., and Cohn, J. (1991) Prevalence and Correlates of Postpartum Depression in First-Time Mothers. **Journal of Abnormal Psychology**, 100 (4) pp. 594-599.

Carey, M. (2009) **The social work dissertation: using small-scale qualitative methodology**. Berkshire, Open University Press.

Central Statistics Office Ireland. (2009) **Number of Births, Deaths and Marriages.** [Internet], Available from: http://www.cso.ie/en/statistics/birthsdeathsandmarriages/numberofbirthsdeathsandmarriages/. [Accessed 13th April 2012]

Chen, C.H., Tseng, Y.F., Chou, F.H, and Wang, S.Y. (2000) Effects of support group intervention in postnatally distressed women. A controlled study in Taiwan. **Journal of Psychosomatic Research,** 49 pp.395-404.

Cooper, P.J., and Murray, L. (1997) The impact of psychological treatments of postpartum depression on maternal mood and infant development. In*:* **Postpartum Depression and Child Development.** London, Guilford Press.

Cohen, S., Gottlieb, B., and Underwood, L.G., (2000) Social relationships and health. In: Cohen, S., Underwood, L.G., and Gottlieb, B. eds. **Social Support Measurement and Intervention: A Guide for Health and Social Scientists**, Oxford University Press, Toronto.

Cooper P.J., Murray L., and Wilson A. (2003) Controlled trial of the short- and long-term effect of psychological treatment of post-partum depression. **British Journal of Psychiatry,** 182 pp. 412–419.

Cox, J. L., Holden, J.M., and Sagovsky, R. (1987) Detection of postnatal depression: development of the 10 item Edinburgh Postnatal Depression Scale. **British Journal of Psychiatry,** 150 pp.782-786.

Cox, J.L., and Holden, J. M. (2003) **Perinatal Mental Health. A guide to the Edinburgh Postnatal Depression Scale (EPDS).**London, Gaskeell.

Cox, J.L., Murray, D., and Chapman, G. (1993) A controlled study of the onset and duration and prevalence of postnatal depression. **British Journal of Psychiatry**, 163 pp.27–31.

Crotty, F., and Sheehan, J. (2004) Prevalence and detection of postnatal depression in an Irish community sample. **Irish Journal of Psychiatric Medicine**, 21(4) pp. 117– 121.

Cryan, E., Keogh, F., Connolly, E., Cody, S., Quinlan, A., and Daly, I. (2001) Depression among postnatal women in an urban Irish community. **Irish Journal of Psychiatric Medicine**, 18(1) pp.5–10.

Da-Silva, V.A., Moraes-Santos, A.R., Carvalho, M.S., Martins, M.L., Teixeira, N.A., (1998) Prenatal and postnatal depression among low income Brazilian women. **Brazilian Journal of Medical Biological Research,** 31 pp.799–804

Dale, J., Caramlau, I.O., Lindenmeyer, A., and Williams, S.M. (2009) Peer support telephone calls for improving health. **The Cochrane Collaboration**, 3 pp. 1-42.

Dennis, C. L. (2004) Can we identify mothers at risk for postpartum depression in the immediate postpartum period using the Edinburgh Postnatal Depression Scale?. **Journal of Affective Disorders,** 78 (2) pp. 163-169.

Dennis, C. L. (2010). Postpartum depression peer support: Maternal perceptions from a randomized controlled trial. **International Journal of Nursing Studies**, 47 (1) pp. 560-568.

Dennis, C.L. (2003) Peer support within a health care context: a concept analysis. **International Journal of Nursing Studies**, 40 (3) pp. 321–332.

Dennis, C.L., and Hodnett, E. (2007) Psychosocial and psychological interventions for treating postpartum depression. The Cochrane Collaboration 4 pp. 1-68.

Dennis, C.L. (2005) Psychosocial and psychological interventions for prevention of postnatal depression: systematic review. **British Medical Journal**, 331(15) pp.475-486.
Dennis, C.L. (2004) Treatment of postpartum depression, part 2: a critical review of non biological interventions. **Journal of Clinical Psychiatry**, 65 pp. 1252-1265.

Department of Health & Children (2006) **'A Vision for Change' Report of the Expert Group on Mental Health Policy**. Stationary Office, Dublin.

Department for Education and Skills & Department of Health. (2004) **National service framework for children, young people and maternity services: Maternity services**. Department of Health, London.

Dryden, W., and Feltham, C. (1993) **Brief Counselling, A practical guide for beginning practitioners**. Open University Press, London.

Eberhard-Gran, M., Eskild, A., Tambs K., Samuelsen, S. O., Opjordsmoen, S. (2002) Depression in

postpartum and non-postpartum women: prevalence and risk factors. **Acta Psychiatrica Scandinavica**, 106 (6) p426-433.

Evans, J., Heron, J., and Francomb H. (2001) Cohort study of depressed mood during pregnancy and after childbirth. **British Medical Journal,** 323 pp. 257–260.

Evans, M., Donelle, L., and Hume-Loveland, L.(2011) Social support and online postpartum depression discussion groups: A content analysis. **Patient Education and Counseling**, In Press pp. 1-6.

Fettling, L. (2002) **Postnatal Depression; A practical guide for Australian families**. Menbourne, ID Communications.

Freeman, M., Wright, R., Watchman, M., Wahl, R., Sisk, F., and Weibrecht, J. (2005) Postpartum Depression Assessments at Well-Baby Visits: Screening Feasibility, Prevalence, and Risk Factors. **Journal of Women's Health**, 14 (10) pp. 929-935.

Flick, A. (2010) **Conducting research literature reviews: from the internet to paper**. 3rd ed. London, Sage Publications Ltd.

Gavin, N.I., Gaynes, B.N., and Lohr, K.N. (2005) Perinatal depression: a systematic review of prevalence and incidence. **Obstetrics and Gynecology,** 106 pp. 1071–1083.

Glangeaud-Freudenthal, M.C. (1999) Estimation de la prévalence de la dépression post-partum en France. **Devenir,** 11 pp. 53–64.

Goldberg D. (1978) **Manual of the General Health Questionnaire.** London, NFER-Nelson.

Gorman, L., O Hara, M., Figueiredo, B., Hayes,S., Jacquemain, F., Kammerer, M., Klier, C.,

Rosi, S., Seneviratne, G., and Dallay,A. (2004) Adaptation of the Structured Clinical Interview for DSM–IV Disorders for assessing depression in women during pregnancy and post-partum across countries and cultures . **The British Journal of Psychiatry**, 184 (1) pp. 17-23.

Government of Ireland (2001) **Mental Health Act 2001**. Dublin, The Stationary Office.

Green, M. (2004) Motherhood—a potential killer. **The Lancet**, 363 (1) pp.311-313.

Griffiths, K., Calear, A., and Banfield, M. (2009) Systematic Review on Internet Support Groups (ISGs) and Depression: Do ISGs Reduce Depressive Symptoms?. **Journal of Medical Internet Research**, 11 (3) pp. 40-47.

Halbreich, U., and Karkun, S. (2006) Cross-cultural and social diversity of prevalence of postpartum depression and depressive symptoms. **Journal of Affective Disorders**, 91 (1) pp. 97–111.

Hanley, J. (2009) **Perinatal mental health**. Singapore, Wiley-Blackwell.

Harpham, T., Huttly, S., De Silva, M.J., and Abramsky, T. (2005) Maternal mental health and child nutritional status in four developing countries. **Journal of Epidemiology & Community Health,** 59(12) pp. 1060–1064.

Harris, B., Huckle, P., and Thomas, R. (1989) The use of rating scales to identify postnatal depression. **British Journal of Psychiatry,** 154 pp813–817.

Harrison, A., and Hart, C. (2006) **Mental health care for nurses: applying mental health skills in the general hospital.** Oxford, Blackwell Publishing Ltd.

Henshaw, C., Foreman, D., and Cox, J. (2004) Postnatal blues: a risk factor for postnatal depression. **Journal of Psychosomatic Obstetrics and Gynecology**, 25 pp. 267–272.

Health Service Executive. (2008) **Postnatal Depression A guide for mothers, family and friends**. Dublin, Health Service Executive.

Health Service Executive. (2006) **Guidelines for the management of depression and anxiety disorders in Primary Care**, Dublin.

Holden, J.M., Sagovsky, R., and Cox, J.L. (1989) Counselling in a general practice setting: controlled study of health visitor intervention in treatment of postnatal depression. **British Medical Journal** 298 pp. 223–226.

Honey, K., Bennett, P., and Morgan, M. (2002) A brief psycho-educational group intervention for postnatal depression. **British Journal of Clinical Psychology**, 41 pp.405-409.

Huang, Y.C., Mathers, N., (2001) Postnatal depression-biological or cultural? A comparative study of postnatal women in the UK and Taiwan. **Journal of Advanced Nursing**, 33 (3) pp. 279–287.

Hung, C. H., and Chung, H. H. (2001) The effects of postpartum stress and social support on postpartum women's health status. **Journal of Advanced Nursing**, 36 (5) pp.676-684.

Hughes, M., and Hayhoe, G. (2008). **A research primer for technical communication: methods, exemplars, and analyses.** New York, Taylor and Francis Group LLC.

Johnstone, S.J., Boyce, P.M., and Hickey, A.R. (2001) Obstetric risk factors for postnatal depression in urban and rural community samples. **Australian and New Zealand Journal of Psychiatry,** pp.3569–3574.

Kindon, S., Pain, R., and Kesby, M. (2007) **Participatory action research: origins, approaches and methods**. New York, Poutledge.

Lane, A., Keville, R., Morris, M., Kinsella, M., Turner, M., and Barry, S. (1997) Postnatal depression and elation among mothers and their partners: Prevalence and predictors. **British Journal of Psychiatry**, 171 pp.550– 555.

Lawrie, T., Hofmeyr, G., de Jager, M., and Berk, M. (1998) Validation of the Edinburgh Postnatal Depression Scale on a cohort of South African women. **South African Medical Journal,** 88 (10) pp. 1340-1344.

Leahy-Warren, P., and McCarthy, G. (2007) Postnatal Depression: Prevalence, Mothers'. **Achieve of Psychiatric Nursing**, 21 (2) pp. 91-100.

Leahy Warren, P., Mc Carthy, G., and Corcoran, P. (2011) Postnatal Depression in first time mothers, Prevalence and Relationship between functional and structural support at 6 and 12 weeks postpartum. **Archives of Psychiatric Nursing**, 22(3) pp.174-184.

Lee, D.T.S., Yip, A.S.K., and Chiu, H.F.K. (2000) Screening for postnatal depression using the double test strategy. **Psychosomatic Medicine,** 62 pp. 258–263.

Leahy-Warren, P., and McCarthy, G. (2007) Postnatal Depression: Prevalence, Mothers'. **Achieve of Psychiatric Nursing**, 21 (2) pp. 91-100.

Leahy-Warren, P., McCarthy, G., and Corcoran, P. (2012) First-time mothers: social support, maternal parental self-efficacy and postnatal Depression**. Journal of Clinical Nursing**, 21(1) pp. 388-397.

Leung, S., Arthur, D., and Martinson, I. (2005) Stress in women with postpartum depression: A phenomenological study. **Journal of Advanced Nursing**, 51(4) pp353–360.

Lewis, C., Daly Byers, A., Deann Malard, S., and Dawson, G. (2010) Challenges in diagnosing and treating Postpartum Blue, Depression and Psychosis. **The Alabama Counselling Association Journal**, 36 (1) pp.5-15.

Logsdon, C., Birkimer, J., Simpson, T., and Looney, S. (2005) Postpartum depression and social support. **Journal of Obstetric, Gynaecologic and Neonatal Nursing**, 34 pp.46–54.

MacArthur, C., Winter, H., Bick, D., Knowles, H., Lilford, R., Henderson, C., Lancashire, R.,

Braunholtz, D., and Gee, H.(2002). Effects of redesigned community postnatal care on women's health 4 months after birth: A cluster randomised controlled trial. **The Lancet**, 359(9304) pp.378–385.

MacLennan, A., Wilson, D., and Taylor, A. (1996) The self-reported prevalence of postnatal depression. **Australian and New Zealand Journal of Obstetrics and Gynaecology**, 36 pp. 313-343.

Macvean, M. L., White, V. M., and Sanson-Fisher, R. (2008) One-to-one volunteer support programs for people with cancer: a review of the literature. **Patient Education and Counselling**, 70 pp.10–24.

Martin, M.B. (1977) A maternity hospital study of psychiatric illness associated with childbirth. **Irish Journal of Medical Science**, 144 pp.239- 244

Mauthner, N. (1995) Postnatal depression: The significance of social contacts between mothers. **Women's Studies International Forum**, 18(3) pp.311–323.
Meager, I., and Milgrom, J. (1996) Group treatment for postpartum depression: A pilot study. **Australian and New Zealand Journal of Psychiatry**, 30 pp.852–860.

Milgrom, J., Mendelsohn, J., and Gemmill, A. (2011) Does Postnatal Depression screening work? Throwing out the bathwater, keeping the baby. **Journal of Affective Disorders**, 132 pp. 301-310.

Morrell, C.J., Spiby, H., and Stewart, P. (2000) Costs and effectiveness of community postnatal support workers: a randomised controlled trial. **British Medical Journal,** 321 pp. 593–598.

Murray, L., Wilson, A., and Romaniuk, H. (2003) Controlled trial of the short- and long-term effect of psychological treatment of post-partum depression. **The British Journal of Psychiatry,** 182 pp.420–427.

Muzik, M., Klier, C.M., and Rosenblum, K.L. (2000) Are commonly used self-report inventories suitable for screening postpartum depression and anxiety disorders? **Acta Psychiatric Scandinavica**, 102 pp.71–73.

National Institute for Health and Clinical Excellence.(2007) **Antenatal and Postnatal Mental Health.** London, NICE.

Navarro, P., Ascaso, C., Esteve, L.G., Aguado, A.T., and Santos, R.M. (2001) Postnatal Psychiatric Morbidity: A validation study of the GHQ-12 and the EPDS as screening tools. **General Hospital Psychiatry**, 29 (1) pp.463-475.

Nichols, K., and Jenkinson, J. (2006) **Leading a support group: a practical guide**. Berkshire: Open University Press.

Oates, M. (1996) Psychiatric services for women following childbirth. **International Review of Psychiatry**, 8 pp. 87-98.

O'Neill, T., Murphy, P., and Greene, V. (1990) Postnatal–aetiological factors. **Irish Medical Journal**, 83(1) pp.17–18.

O'Hara, M.W., and Swain, A.M. (1996) Rates and risk of postnatal depression – a meta-analysis. **International Review of Psychiatry**, 8 pp. 37–54.

O'Hara, M.W., Stuart, S., and Gorman, L.(2000) Efficacy of interpersonal psychotherapy for postpartum depression. **Archives of General Psychiatry,** 57 pp.1039–1045.

O'Hara, M., Zekoski, E., Phillips, L., and Wright, E. (1990) Controlled prospective study of postpartum mood disorders: Comparison of childbearing and non-childbearing women. **Journal of Abnormal Psychology**, 99 (1) pp. 3 –15.

Outhwaite, W. (2005) Interpretivism and interactionism In: Harrington, A. ed. **Modern social theory an introduction.** Oxford. Oxford University Press, pp. 110-131.]

Patel, V., De Souza, N., and Rodrigues, M. (2003) Postnatal depression and infant growth and development in low income countries: a cohort study from Goa, India. **Achieve of Disease in Childhood**, 88 (1) pp. 34-37.

Pfeiffer, P., Heisler, M., Piette, J., Rogers, M., and Valenstein, M. (2011) Efficacy of peer support interventions for depression: a meta-analysis. **General Hospital Psychiatry**, 33 pp.29-36.

Ramchandani, P., Stein, A., Evan, J., and O'Connor, T. (2005) Paternal depression in the postnatal period and child development: a prospective population study. **The Lancet**, 365 (9478) pp. 2201-2205.

Reason, R. (1998)Three Approaches to Participative Inquiry In: Denzin, N.K. and Lincoln, Y. ed. **Strategies of qualitative research.** London. Sage, pp. 261–291.

Ramsay, R. (1993) Postnatal depression. **The Lancet**, 341 (1358) pp.3213-3217.

Righetti-Veltema, M., Conne-Perréard, E., Bousquet, A., and Manzano, J. (1998) Risk factors and predictive signs of postpartum depression. **Journal of Affective Disorders**, 49 (3) pp. 167-180.

Rubertsson, C., Wickberg, B., Gustavsson, P., and Radestad, I. (2005) Depressive symptoms in early pregnancy, two months and one year postpartum-prevalence and psychosocial risk factors in a national Swedish sample. **Achieves of Women's Mental Health**, 8 (2) pp.97-104.

Russell, S. (2006) Barriers to care in postnatal depression. **Community Practitioner**, 79 pp.110-111

Rush, A. J., Giles, D.E., Schlesser, M.A., Fulton, C.L., Weissenburger, J.E. and Burns, C.T. (1986) The Inventory of Depressive Symptomatology (IDS): Preliminary findings. **Psychiatry Research,** 18 pp. 65-87.

Robertson, E., Grace, S., Wallington, T., and Stewart, D.E. (2004) Antenatal risk factors for postpartum depression: a synthesis of recent literature. **General Hospital Psychiatry,** 22 pp. 289–295.

Sarantakos, S. (1993) **Social Research**. Basigstoke, Macmillan.

Scottish Executive. (2001a) **Our national health: a plan for action a plan for change**. Scotland, Edinburgh Scottish Executive.

Scottish Executive. (2001b) **Framework for maternity services.** Scotland, Edinburgh Scottish Executive.

Scottish Executive. (2001c) **Scottish Executive: nursing for health: a review of the contribution of nurses, midwives and health visitors to improving the public's health**. Scotland, Edinburgh Scottish Executive.

Sharpe, D., Hay, D., Pawlby, S. (1995) The impact of postnatal depression on boys intellectual development. **Journal of Child Psychology,** 36 pp. 1315–1337.

Shaw, E., Levitt, C., Wong, S., and Kaczorowski, J. (2006) Systematic review of the literature on postpartum care: Effectiveness of postpartum support to improve maternal parenting, mental health, quality of life, and physical health. **Birth**, 33(3) pp.210–220.

Shields, N., Reid, M., and Cheyne H. (1997) Impact of midwife managed care in the postnatal period: an exploration of psychosocial outcomes. **Journal of Reproductive & Infant Psychology,** 15 pp.91–108.

Silverman, D. (2005) **Doing qualitative research**. 2nd ed. London, Sage Publications Ltd.

Small, R., Johnston, V., and Orr, A.(1997) Depression after childbirth: the views of medical students and women compared. **Birth,** 24 (2) pp.109–115.

Stuart, S., Couser, G., Schilder, K., O'Hara, M., and Gorman, L. (1998) Postpartum anxiety and depression: Onset and comorbidity in a community sample. **Journal of Nervous and Mental Disease**, 186(7) pp.420– 424.

Stuchbery, M., Matthey, S., and Barnett, B. (1998) Postnatal depression and social supports in Vietnamese, Arabic and Anglo-Celtic mothers. **Social Psychiatry and Psychiatric Epidemiology**, 33 (1) pp.483-490.

Stewart, D.W. and Kamins M. A. (1993) **Secondary research: information sources and methods.** 2nd ed. California, Sage Publications Inc.

Strauss, A. and Corbin, J. (1990) **Basics of qualitative research: Grounded theory procedures and techniques**. London, Sage.

Sword, W., Busser, D., Ganann,R., McMillan, T., and Swinton, M. (2008). Women's Care-Seeking Experiences After Referral for Postpartum Depression. **Qualitative Health Research**, 18 (9) pp. 1161-1173

Thomas, L., Clarke, T.,and Kroliczak, A. (2008) Implementation of peer support demonstration project for HIV Caribbean immigrants: a descriptive paper. **Journal of Immigrant & Refugee Studies**, 6 pp.526–544.

Ugarriza, D.N. (2004) Group therapy and its barriers for women suffering from postpartum depression. **Archives of Psychiatric Nursing**, 18 pp.39-48.

Ugarriza, D.N. (2002) Postpartum Depressed Women's Explanation of Depression. **Journal of Nursing Scholarship**, 34 (3) pp. 227-233.

Westall, C., and Liampuyyony, P. (2011) **Motherhood and Postnatal Depression: partners narrative of women and their families.** New York, Springer.

Willinck, L.A., and Cotton, S. (2004) Risk factors for Postnatal Depression. **Australian Midwifery**, 17 (2) pp. 10-15.

Wylie, L., Hollins Martin, C.J., Marland, G., Martin, C.R. and Rankin, J. (2011) The enigma of post-natal depression: an update. **Journal of Psychiatric and Mental Health Nursing**, 18 (3) pp. 48-58.

World Health Organisation. (2012). **Depression**.[Internet] Available from: http://www.who.int/mental_health/management/depression/definition/en/ [Accessed 14th March 2012].

World Health Organisation. (2005) **The World Health Report 2005: Make Every Mother and Child Count.** Geneva, World Health Organisation.

Wadsworth, Y. (1998) **What is Participatory Action Research?.** Action Research International, Paper 2.

Xie, R., He, G., Koszycki, D., Walker, M., and Wen, S. (2009) Prenatal Social Support, Postnatal Social Support, and Postpartum Depression. **Elsevier Inc.**, 19 (9) pp. 637-643.

Appendix One – Edinburgh PND Scale

Edinburgh Postnatal Depression Scale[1] (EPDS)

Name: _____ Address: _____

Your Date of Birth: _____ _____

Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:
- ☐ Yes, all the time
- ☒ Yes, most of the time — This would mean: "I have felt happy most of the time" during the past week.
- ☐ No, not very often — Please complete the other questions in the same way.
- ☐ No, not at all

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - ☐ As much as I always could
   - ☐ Not quite so much now
   - ☐ Definitely not so much now
   - ☐ Not at all

2. I have looked forward with enjoyment to things
   - ☐ As much as I ever did
   - ☐ Rather less than I used to
   - ☐ Definitely less than I used to
   - ☐ Hardly at all

*3. I have blamed myself unnecessarily when things went wrong
   - ☐ Yes, most of the time
   - ☐ Yes, some of the time
   - ☐ Not very often
   - ☐ No, never

4. I have been anxious or worried for no good reason
   - ☐ No, not at all
   - ☐ Hardly ever
   - ☐ Yes, sometimes
   - ☐ Yes, very often

*5 I have felt scared or panicky for no very good reason
   - ☐ Yes, quite a lot
   - ☐ Yes, sometimes
   - ☐ No, not much
   - ☐ No, not at all

*6. Things have been getting on top of me
   - ☐ Yes, most of the time I haven't been able to cope at all
   - ☐ Yes, sometimes I haven't been coping as well as usual
   - ☐ No, most of the time I have coped quite well
   - ☐ No, I have been coping as well as ever

*7 I have been so unhappy that I have had difficulty sleepi
   - ☐ Yes, most of the time
   - ☐ Yes, sometimes
   - ☐ Not very often
   - ☐ No, not at all

*8 I have felt sad or miserable
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Not very often
   - ☐ No, not at all

*9 I have been so unhappy that I have been crying
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Only occasionally
   - ☐ No, never

*10 The thought of harming myself has occurred to me
   - ☐ Yes, quite often
   - ☐ Sometimes
   - ☐ Hardly ever
   - ☐ Never

Administered/Reviewed by _____ Date _____

[1]Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

[2]Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

Edinburgh Postnatal Depression Scale[1] (EPDS)

Postpartum depression is the most common complication of childbearing.[2] The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for "perinatal" depression. The EPDS is easy to administer and has proven to be an effective screening tool.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt ***during the previous week***. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Women with postpartum depression need not feel alone. They may find useful information on the web sites of the National Women's Health Information Center <www.4women.gov> and from groups such as Postpartum Support International <www.chss.iup.edu/postpartum> and Depression after Delivery <www.depressionafterdelivery.com>.

SCORING

QUESTIONS 1, 2, & 4 (without an *)
Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

QUESTIONS 3, 5-10 (marked with an *)
Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score: 30
Possible Depression: 10 or greater
Always look at item 10 (suicidal thoughts)

Instructions for using the Edinburgh Postnatal Depression Scale:

1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.
2. All the items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

[1]Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

[2]Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199